PTO/SB/22 (10-00) through 10/31/2002, OMB 0651-0031

MAY 0 9 2006 gg	Consequence are required to respond to	J.S. Patent and Trademark Of	fice; U.S. Di	EPARTMENT OF COMMERCE ys a valid OMB control number.	
	•	TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
PERIOD N FOR EXTENSION	OF TIME UNDER 37			Razon-010	
	In re Application of	Eli Razone			
	Application Number	09/963,604		Filed 27 Sept'0	
	For	03/303/001	· · · · · · · · · · · · · · · · · · ·	2, bept 0	
	1 ' *'	PINDLE CUTTI	NG SA	W	
	Group Art Unit	3724	Examine Issa	c Hamilton	
This is a request under the provision reply in the above identified applications.	ition.		r filing a	•	
The requested extension and appropriate (check time period desired):	opriate non-small-entity fe	e are as follows			
One month (37 CFR 1	.17(a)(1))-			\$	
Two months (37 CFR 1.17(a)(2))				\$	
Three months (37 CFR 1.17(a)(3))				\$ 1020-	
Four months (37 CFR 1.17(a)(4))				\$	
Five months (37 CFR				\$	
Applicant claims small entity above is reduced by one-hal A check in the amount of the	f, and the resulting fee is: e fee is enclosed.	Therefore, the fee a s	mount st	nown	
Payment by credit card. For		r	t e		
The Commissioner has alread application to a Deposit According The Commissioner is hereby or credit any overpayment, thave enclosed a duplicate	ount. y authorized to charge any o Deposit Account Numbe	r fees which may be r	required,		
I am the applicant/inventor					
assignee of record	d of the entire interest. Seder 37 CFR 3.73(b) is end	e 37 CFR 3.71. Hosed. (Form PTO/SE	3/96).		
attorney or agent					
attorney or agent Registration num	under 37 CFR 1.34(a). ber if acting under 37 CFR 1.34	(a)			
WARNING: Information on the included on this form. Pro	nis form may become pu ovide credit card inform	blic. Credit card inf	ormation tion on F	n should not PTO-2038.	
7 <u>FEB. 2006</u> Date		John Signa Sohn B. Sowel		<u> </u>	
		Typed	or printe	d name	
NOTE: Signatures of all the inventors or ass forms if more than one signature is required	signees of record of the entire in	terest or their representati	ive(s) are re	equired. Submit multiple	
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TKIS forms are submitted. X Total of Z